



Dealer File Number:					
Company Name:					
Contact Person:					
Address:					
Telephone Number: ()				
e-mail address:					
List all brokerage companies for	which you are	filing. (Use back or attack	ch additional she	eet(s) if necessary.)	
Broker Address:					
City:			_ State:	ZIP:	
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Broker Address:					
Broker Address:			01-1	7ID:	
City:			_ State:	ZIP:	·
Broker Address:					
Broker Address:			Ctoto:	ZIP:	
City			_ State	ZIP	
	Mail to:	Mail to: STOCKBROKER INFORMATION REPORTS FLORIDA DEPARTMENT OF REVENUE 501 S CALHOUN ST ROOM G-3 TALLAHASSEE FL 32399-0100			
DOR USE ONLY					
Date Received:		Received By: _			

Broker FEIN:	Dealer File Number:				
City:	State:	ZIP:			
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Darley FFIN	Dealer Elle Norskern				
	Dealer File Number:				
	State: ZIP:				
Oity	State.	ZIF			
		Dealer File Number:			
City:	State:	ZIP:			
Broker FEIN:	Dealer File Number:	Dealer File Number:			
Broker Name:					
	State:				
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Broker FEIN:	Dealer File Number:				
Broker Address:					
	State:				
Broker FEIN:	Dealer File Number:				
Broker Name:					
	State:				
Broker FEIN:	Dealer File Number:				
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City:	State:	7ID·			
Oity	State				
Broker FFIN:	Dealer File Number:				
City:		ZIP:			
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